

## Exhibit H:

MSP's Release of Information Sex Offender Registry  
Form (Form RI-46)

RI-046 (04/2022)  
Michigan State Police

**RELEASE OF INFORMATION**  
Sex Offender Registry Unit  
Criminal Justice Information Center

I, \_\_\_\_\_, authorize the Michigan State Police (MSP) Sex Offender Registry (SOR) Unit to disclose my SOR information to the Authorized Representative listed below. The information authorized for disclosure includes all information associated with my registration. This includes but is not limited to; confidential information, public and nonpublic information, regarding the details related to my registration on the Michigan SOR.

<b>Registrant Information</b>	
Full Name:	Date of Birth:
Address:	Phone Number:
<b>Authorized Representative Information</b>	
Name (title):	Phone Number:
Address:	

This release is valid for six months from the date I sign and date it below. I understand I can cancel this release at any time. A written request to cancel must be received by the MSP SOR Unit via U.S. Mail or fax. I acknowledge that the expiration or cancelation of this release stops future disclosure and that any information disclosed according to this release before expiration or cancellation remains in the possession of the named authorized representative. I release MSP from any liability for disclosing information under this release.

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date

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Sex Offender Registry Unit  
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